PTO/SB/06 (12-04)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875													ation or Docket N	
APPLICATION AS FILED - PA (Column 1)							PART I (Column 2)			SMALL ENTITY				R THAN ENTITY
FOR NUI			NUMB	ER FILED	•	NUMBER EXTRA			RATE	(\$)	FEE (\$)]	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))								1				1		1 122 (4)
SEARCH FEE (37 CFR 1.16(k), (i), or (m))								7				1	· · · · · · · · · · · · · · · · · · ·	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))								1	,			┨	····	
TOTAL CLAIMS (37 CFR 1.16(i))				minus 2		•		1	×			1		
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus		•	1.	1	x			OR	X =	
If the specification					and	drawings	exceed 100	1	 		·	· ·	.× =	
FE	PLICATION SIZE E CFR 1.16(s))	is a	sheets of paper, the application \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37				ize fee due each ereof. See		·]	
MU	LTIPLE DEPEND						1				1			
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* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTA	L	<u> </u>	j	TOTAL	L
APPLICATION AS AMENDED - PART II														
(Column 1) (Column 2) (Column 3)									SMALL ENTITY			OR	OTHER SMALL	
AMENDMENT A	813/05	REMA AFT	IMS INING TER DMENT		PRE	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	. 5	`(Minus	Ľ.	20	=		×25	=	_ \ \	OR	×50=	
	Independent (37 CFR 1.16(h))	. 8	2_	Minus	***	3	=		× /60	=		OR	×200 =	
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ii))								180			OR	360	·
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		(Colum	nn 1)		(C	Column 2)	(Column 3)							
AMENDMENT B		CLA REMAI AFT AMEND	INING ER		PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT: EXTRA	, , ,	RATE (\$	s)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	•		Minus	++		=		× 25	_	(4)	OR	× 50 =	, , , , , ,
	Independent (37 CFR 1.16(h))	•		Minus	***	,	=		× 100	╗	-		× 200 =	
	Application Size Fee (37 CFR 1.16(s))								~ /. 00	\dashv		OR	^ AUG -	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))								180			OR	360	
								•	TOTAL ADD'L FE	E		OR	TOTAL ADD'L FEE	
	If the entry in ∞ If the "Highest N" If the "Highest N	Number Pr	reviously l	Paid For	IN TH	IS SPACE I	s less than 20	ente	er "20". "3".	_			•	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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